

Indiana State Board of Nursing

Advance Practice Nurse Subcommittee Meeting September 10, 2008

Attendees:

Michelle Hines
Cindy Wilson
Teresa Holland
Catherine Jones
Melinda Plant Jackson
Dee Swanson
Samantha Meeks
Kathy Rich
Jo Ellen Rust
Kathy Hubner
Patti Spieth
Ursula McCormick
Jane Robinson
Barb Winningham
Ernie Klein
Sean Gorman

1. Introductions

2. Board Director's Report – Announced the passage of the NCSBN APRN Model Rule. Discussion on the provisions and the potential implications of the Model Rule; Discussion on the way pocket cards are issued for prescriptive authority in the State of Indiana. The pocket cards issued state “Nurse Practitioner”, “Clinical Nurse Specialist”, or “Certified Nurse Midwife” and may lead to confusion as to what the Board is actually licensing. Online verification of these prescriptive authorization numbers present the information about that number in the same manner. The concern is that the review for prescriptive authority doesn't actually involve verification of the particular advanced practice nursing specialty that the nurse has indicated on the application. The Subcommittee discussed the possibility of the Board eventually licensing Nurse Practitioners and Clinical Nurse Specialists separately from the RN license and having prescriptive authority as an additional license – this is the way nurse midwives are currently regulated.

The Subcommittee also discussed the review of the RN renewal survey questions. One goal for looking at the RN renewal survey questions will be to develop questions that generate better data about the numbers of advanced practice nurses in Indiana and their specialty areas of practice.

3. Previous Discussion Items Follow-Up - Certified Nurse Midwife / Limited Nurse Midwife Clarification Options: suggestions for clarifying the distinction between the definition of the nurse with the limited license and the definition of a certified nurse midwife.

One of the big issues with nurse midwives is a confusion about which licenses are necessary. Because Nurse Midwives with prescriptive authority are issued card which say “Certified Nurse Midwife”, there is a belief among many that the limited license is no longer necessary. There needs to be some outreach and rule clarification that makes it more clear that the limited license is necessary for any nurse to practice

nurse midwifery in the State. This is in addition to the required RN license. If that nurse midwife seeks prescriptive authorization, then that would be an additional component along with the 2 other licenses. There will be some education / outreach efforts to make people aware of this, and the subcommittee will recommend the following rule amendments:

ARTICLE 3. **CERTIFIED NURSE-MIDWIVES**

Rule 1. Definitions

848 IAC 3-1-0.5 Applicability

Authority: IC 25-23-1-7

Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 0.5. The definitions in this rule apply throughout this article.

(Indiana State Board of Nursing; 848 IAC 3-1-0.5; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2871; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939)

848 IAC 3-1-0.6 “Board” defined

Authority: IC 25-23-1-7

Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 0.6. “Board” means the Indiana state board of nursing. *(Indiana State Board of Nursing; 848 IAC 3-1-0.6; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2871; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939)*

848 IAC 3-1-1 “Certified nurse-midwife” defined; use of initials

Authority: IC 25-23-1-7

Affected: IC 25-23-1-1

Sec. 1. (a) **A “Certified nurse-midwife” is a registered nurse who has graduated from a nurse-midwifery program accredited by the American College of Nurse-Midwives (ACNM) Division of Accreditation (DOA) and has passed a national certification examination to receive the professional designation of certified nurse-midwife. The American Midwifery Certification Board (AMCB) administers the national certification examination.**~~means a registered nurse who has graduated from a nationally accredited school of midwifery, has passed the National Certifying Examination given by the American College of Nurse-Midwives, and is licensed by the board to practice as a nurse-midwife.~~ The board licenses the registered nurse to practice as a certified nurse-midwife upon proof of certification from the AMCB.

(b) “CNM” means certified nurse-midwife and are the designated authorized initials to be used by the certified nurse-midwife. *(Indiana State Board of Nursing; Nurse-Midwifery Rule 1, Art 1; filed Jun 15, 1979, 4:41 p.m.: 2 IR 1131; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2871; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939) NOTE: Transferred from the Medical Licensing Board of Indiana (844 IAC 3-1-1) to the Indiana State Board of Nursing (848 IAC 3-1-1) by P.L.185-1993, SECTION 16, effective July 1, 1993.*

848 IAC 3-1-2 “Practice of nurse-midwifery” defined

Authority: IC 25-23-1-7

Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 2. ~~“Practice of nurse-midwifery” means the practice of nursing and the extension of that practice, including well-woman gynecological healthcare, family planning, and care to the normal and expanding family throughout pregnancy, labor, delivery, and post-delivery.~~ **Nurse-midwifery practice as conducted by CNMs is the independent management of women’s health care, focusing particularly on pregnancy, childbirth, the post partum period, care of the newborn, and the family planning and gynecologic needs of women. The CNM practices within a health care system that provides for consultation, collaborative management, referral, as indicated by the health status of the client. CNMs practice in accord with the Standards for the Practice of Midwifery, as defined by the American College of Nurse-Midwives (ACNM).** *(Indiana State*

Board of Nursing; Nurse-Midwifery Rule 1, Art 2; filed Jun 15, 1979, 4:41 p.m.: 2 IR 1131; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939) NOTE: Transferred from the Medical Licensing Board of Indiana (844 IAC 3-1-2) to the Indiana State Board of Nursing (848 IAC 3-1-2) by P.L.185-1993, SECTION 16, effective July 1, 1993.

Rule 2. General Provisions

848 IAC 3-2-1 Application for limited license; qualifications

Authority: IC 25-23-1-7

Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 1. Every applicant for limited license shall file an application on a form supplied by the board. *(Indiana State Board of Nursing; 848 IAC 3-2-1; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939)*

Definition: Limited license is the practice as a certified nurse-midwife without prescriptive authority. *The board licenses the registered nurse to practice as a certified nurse-midwife upon proof of certification from the AMCB.*

848 IAC 3-2-2 Fees for limited license

Authority: IC 25-23-1-7

Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 2. (a) Each applicant for a limited license **as a certified** nurse-midwife shall pay a fee as provided in 848 IAC 1-1-14 in the form of a personal check, certified check, cashier’s check, or money order payable to the health professions bureau. This fee is not refundable, but may be used up to and including one (1) year from the original submission of the application.

(b) The fee for any reapplication shall be the same as determined by the board for the original application and is payable in the form of a personal check, certified check, cashier’s check, or money order payable to the health professions bureau. *(Indiana State Board of Nursing; 848*

IAC 3-2-2; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 21, 2001, 10:23 a.m.: 25 IR 1328)

848 IAC 3-2-3 Photograph submitted with application

Authority: IC 25-23-1-7

Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 3. A recent passport type photograph of the applicant taken within six (6) weeks prior to filing shall be submitted with each application. The photograph shall be in color on **semi gloss** paper, not less than three (3) inches wide and four (4) inches high. *(Indiana State Board of Nursing; 848 IAC 3-2-3; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940)*

848 IAC 3-2-5 Biennial renewal of limited license

Authority: IC 25-23-1-7

Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 5. Every person with a limited license to practice **as a certified** nurse-midwife shall renew such limited license with the board on or before October 31 of odd-numbered years. *(Indiana State Board of Nursing; 848 IAC 3-2-5; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 21, 2001, 10:23 a.m.: 25 IR 1329)*

848 IAC 3-2-6 Notice of renewal

Authority: IC 25-23-1-7

Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 6. On or before August 31 of odd-numbered years, the **Indiana Professional Licensing Agency** ~~health professions bureau~~ shall notify each **certified** nurse-midwife that he or she is required to renew their limited license to practice nurse-midwifery. At the time of such notice, the **Indiana Professional Licensing Agency** ~~health professions bureau~~ shall mail a form to each nurse-midwife to the last known address of record. *(Indiana State Board of Nursing; 848 IAC 3-2-6; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940)*

848 IAC 3-2-7 Fee for renewal

Authority: IC 25-23-1-7

Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 7. At the time of submitting his or her limited license renewal form to the board, each **certified** nurse-midwife shall submit a fee as provided in 848 IAC 1-1-14 and proof of current licensure as a registered nurse. A personal check, certified check, cashier's check, or money order shall be submitted to the health professions bureau with the renewal form and shall be made payable to the health professions bureau. *(Indiana State Board of Nursing; 848 IAC 3-2-7; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940)*

848 IAC 3-2-8 Delinquent fee

Authority: IC 25-23-1-7

Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 8. In the event any **certified** nurse-midwife fails to complete the renewal process on or before October 31 of odd-numbered years, he or she shall be required to pay a delinquent fee to be determined by the board in addition to the fees prescribed in section 7 of this rule for each year that the limited license is delinquent. (*Indiana State Board of Nursing; 848 IAC 3-2-8; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2873; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940*)

Rule 3. Competent Practice of Nurse-Midwifery

848 IAC 3-3-1 Competent practice of certified nurse-midwives

Authority: IC 25-23-1-7

Affected: IC 16-21; IC 25-23-1-1; IC 25-23-1-13.1

Sec. 1. A **certified** nurse-midwife shall perform as an independent and interdependent member of the health care team as defined in 848 IAC 2-1-3. The following are standards for each certified nurse-midwife:

- (1) Assess clients by using advanced knowledge and skills to:
 - (A) identify abnormal conditions;
 - (B) diagnose health problems;
 - (C) develop and implement ~~nursing~~ treatment plans; and
 - (D) evaluate patient outcomes.
- (2) Use advanced knowledge and skills in teaching and guiding clients and other health care team members.
- (3) Use appropriate critical thinking skills to make independent decisions, commensurate with the autonomy, authority, and responsibility of the practice of nurse-midwifery.
- (4) Function within the legal boundaries of the practice of nurse-midwifery and shall have and utilize knowledge of the statutes and rules governing the practice of nurse-midwifery, including the following:
 - (A) State and federal drug laws and regulations.
 - (B) State and federal confidentiality laws and regulations.
 - (C) State and federal medical records access laws.
- (5) Consult and collaborate with other members of the health care team as appropriate to provide reasonable client care
- (6) Recognize the limits of individual knowledge and experience, and consult with or refer clients to other health care providers as appropriate.
- (7) Retain professional accountability for any delegated intervention, and delegate interventions only as authorized by IC 25-23-1 and this title.
- (8) Maintain current knowledge and skills in the practice of nurse-midwifery.
- (9) Manage and provide health care services in the practice of nurse-midwifery.
- (10) Provide individual and group counseling and teaching throughout the life cycle.

(11) Participate in periodic and joint evaluation of services rendered, including, but not limited to, the following:

- (A) Chart reviews.
- (B) Case reviews.
- (C) Client evaluations.
- (D) Outcome statistics.

(12) Conduct and apply research findings appropriate to the area of practice.

(13) Participate, when appropriate, in the joint review and revision of written guidelines involving the plan of care.

(Indiana State Board of Nursing; 848 IAC 3-3-1; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2873; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940)

(14) Certified Nurse-Midwives practice in accord with the Standards for the Practice of Midwifery, as defined by the American College of Nurse-Midwives (ACNM).

Rule 4. Limitations of Rules

848 IAC 3-4-1 Limitations of rules (*Repealed*)

Sec. 1. *(Repealed by Indiana State Board of Nursing; filed Nov 21, 2001, 10:23 a.m.: 25 IR 1329)*

Rule 5. Fees for Certified Nurse-Midwives

848 IAC 3-5-1 Fees for certified nurse-midwives

Authority: IC 25-23-1-7

Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 1. (a) The application fee for limited licensure as a **certified nurse-midwife** shall be fifty dollars (\$50).

(b) The fee for renewal of a **certified** nurse-midwife limited license shall be fifty dollars (\$50).

(c) The penalty fee for late renewals is as established by the health professions bureau.

(d) The fee for a duplicate **certified** nurse-midwife wall certificate shall be ten dollars (\$10).

(e) The fee for endorsement out of Indiana for a **certified** nurse-midwife shall be ten dollars (\$10).

(Indiana State Board of Nursing; 848 IAC 3-5-1; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2873; filed Dec 19, 1996, 10:00 a.m.: 20 IR 1123; readopted filed Jul 30, 2001, 2:07 p.m.: 24 IR 4237)

4. Summary of proposed recommendations to be submitted to the Board at the October 16, 2008 Board meeting.

The APN Subcommittee has provided a forum in which many issues concerning Advanced Practice Nursing in the State of Indiana have been discussed by a group of forward-thinking nursing professionals. The following topics have been discussed at the three APN subcommittee meetings held this summer:

1. Types of APNs: Indiana rules do not distinguish very clearly the differences between CNS and NP roles. Meeting attendees discussed clarifying the rule language in 848 IAC 4-2 and 3 to more

clearly outline the different roles for the respective categories of APNs. Certified Nurse Midwives are not defined in this article along with NPs and CNS's. The meeting attendees discussed the possibility of adding language to the existing article regarding CNMs. There is a sense of general confusion about the difference in scope of practice between midwives with the limited license and CNMs that rule changes may clear up.

2. Educational requirements for initial prescriptive authorization: The meeting attendees discussed the pharmacology requirement for prescriptive authority. Currently it is a 2 credit hour of graduate pharmacology course with credit awarded from an accredited college or university. There was some discussion on clarifying this language.
3. Other requirements for initial prescriptive authorization: The meeting attendees discussed the possibility of requiring a Master's degree for all new prescriptive authorizations. Currently an applicant holding a bachelor's, the graduate pharmacology course, and a national certification may receive prescriptive authority.
4. License Verification: The PLA's online license verification reports for APNs list the collaborating physician under a field titled "Supervisor". There is discussion regarding the potential difficulty in getting that changed, although the meeting attendees agree that is not an appropriate label for the physician in the collaborative relationship with the APN.
5. National Council Proposals: Discussion took place on the subcommittee's role in providing the Board with recommendations to Indiana's delegates to the National Council's national assembly in August. The national assembly considered and adopted an APN model rule.
6. Education and Outreach: The meeting attendees preliminarily discussed the Board's opportunities to reach out those in the nursing profession and the general public to raise awareness of the APN role and the different practice specialties recognized as APNs.
7. CRNAs: Discussion about the inclusion of CRNAs as an Advanced Practice Nurse. This would require a statutory change outside the scope of the Nursing Board's authority.
8. Information on practicing APNs in Indiana: There is no good source of information on what nurses are practicing as APNs, given that there are potentially many without prescriptive authority and who need no further license or certification from the Nursing Board to practice as a Nurse Practitioner or Clinical Nurse Specialist.
9. Nurse-Midwives: There is a fair amount of confusion even among those in the nursing community about the distinction between a nurse midwife with a limited license and a certified nurse midwife as discussed in the nursing rules. Discussion among the APN Subcommittee members focused on the type of outreach and rule clarifications that can be done to clear up this confusion.

Recommendations:

1. Nurse Practitioner Rule Definition / Competent Practice: The Subcommittee agreed to recommend the following changes be made to 848 IAC 4-2-1 Competent practice of nurse practitioners:

Sec. 1. A nurse practitioner shall perform as an independent and interdependent member of the health team as defined in 848 IAC 2-1-3. The following are standards for each nurse practitioner:

(1) Assess clients by using advanced knowledge and skills to:

- (A) identify abnormal conditions;
- (B) diagnose health problems;
- (C) develop and implement ~~nursing~~ **health care** treatment plans;
- (D) evaluate patient outcomes; and

- (E) collaborate with or refer to a practitioner, as defined in IC 25-23-1-19.4, in managing the plan of care.
- (2) Use advanced knowledge and skills in teaching and guiding clients and other health team members.
- (3) Use appropriate critical thinking skills to make independent decisions, commensurate with the autonomy, authority, and responsibility of a nurse practitioner.
- (4) Function within the legal boundaries of their advanced practice area and shall have and utilize knowledge of the statutes and rules governing their advanced practice area, including the following:
 - (A) State and federal drug laws and regulations.
 - (B) State and federal confidentiality laws and regulations.
 - (C) State and federal medical records access laws.
- (5) Consult and collaborate with other members of the health team as appropriate to provide reasonable client care, both acute and ongoing.
- (6) Recognize the limits of individual knowledge and experience, and consult with or refer clients to other health care providers as appropriate.
- (7) Retain professional accountability for any delegated intervention, and delegate interventions only as authorized by IC 25-23-1 and this title.
- (8) Maintain current knowledge and skills in the nurse practitioner area.
- (9) Conduct an assessment of clients and families which may include health history, family history, physical examination, and evaluation of health risk factors.
- (10) Assess normal and abnormal findings obtained from the history, physical examination, and ~~laboratory~~ **test** results.
- (11) Evaluate clients and families regarding development, coping ability, and emotional and social well-being.
- (12) Plan, implement, and evaluate care.
- (13) Develop individualized teaching plans with each client based on health needs.
- (14) Counsel individuals, families, and groups about health and illness and promote attention to wellness.
- (15) Participate in periodic or joint evaluations of service rendered, including, but not limited to, the following:
 - (A) Chart reviews.
 - (B) Client evaluations.
 - (C) Outcome statistics.
- (16) Conduct and apply research findings appropriate to the area of practice.
- (17) Participate, when appropriate, in the joint review of the plan of care.

2. Clinical Nurse Specialist Rule Definition / Competent Practice: The Subcommittee agreed to the following changes to 848 IAC 4-3-1 Competent practice of clinical nurse specialists. These changes will be recommended to the Board for rulemaking.

Sec. 1. A clinical nurse specialist shall perform as an independent and interdependent member of the health care team as defined in 848 IAC 2-1-3. The following are standards for each clinical nurse specialist:

- ~~(1) Assess clients by using advanced knowledge and skills to:~~
 - ~~(A) identify abnormal conditions;~~
 - ~~(B) diagnose health problems;~~
 - ~~(C) develop and implement nursing treatment plans; and~~

- ~~(D) evaluate patient outcomes.~~
- ~~(2) Use advanced knowledge and skills in teaching and guiding clients and other health team members.~~
- ~~(3) Use appropriate critical thinking skills to make independent decisions, commensurate with the autonomy, authority, and responsibility of the clinical nurse specialist.~~
- ~~(4) Function within the legal boundaries of their advanced practice area and shall have and utilize knowledge of the statutes and rules governing their advanced practice areas, including the following:
 - ~~(A) State and federal drug laws and regulations.~~
 - ~~(B) State and federal confidentiality laws and regulations.~~
 - ~~(C) State and federal medical records access laws.~~~~
- ~~(5) Consult and collaborate with other members of the health team as appropriate to provide reasonable client care.~~
- ~~(6) Recognize the limits of individual knowledge and experience, and consult with or refer clients to other health care providers as appropriate.~~
- ~~(7) Retain professional accountability for any delegated intervention, and delegate interventions only as authorized by IC 25-23-1 and this title.~~
- ~~(8) Maintain current knowledge and skills in their clinical nurse specialist area.~~
- ~~(9) Provide direct nursing care utilizing advanced scientific knowledge, nursing theory, and nursing skills in the assessment, planning, implementation, and evaluation of health and nursing care of individual clients.~~
- ~~(10) Provide indirect nursing care through planning, guiding, evaluating, and directing nursing care delivered by nursing and ancillary personnel as authorized by IC 25-23-1 and this title.~~
- ~~(11) Conduct nursing research, including methods of nursing intervention and healthcare in the area of specialization, and apply research findings appropriate to the area of practice.~~
- ~~(12) Teach and counsel individuals or groups by utilizing communication skills and teaching or learning theories to increase knowledge or functioning of individuals or groups, nursing personnel, students, and other members of the health care team.~~
- ~~(13) Serve as a consultant and as a resource, utilizing advanced health knowledge and skills, to those who are directly and indirectly involved in patient care.~~
- ~~(14) Participate in periodic evaluation of services rendered, including, but not limited to, the following:
 - ~~(A) Chart reviews.~~
 - ~~(B) Case reviews.~~
 - ~~(C) Patient evaluations.~~
 - ~~(D) Outcome of case statistics.~~~~

- (1) In the provision of direct care services the clinical nurse specialist:
 - A. integrates advanced knowledge of wellness, illness, self-care, disease, and medical therapeutics in holistic assessment and care of persons while focusing on the diagnosis of symptoms, functional problems, and risk behaviors that have etiologies requiring nursing interventions to prevent, maintain, or alleviate;**
 - B. utilizes assessment data, research, and theoretical knowledge to design, implement, and evaluate nursing interventions that integrate medical treatments as needed; and****

- C. prescribes or orders durable and consumable medical equipment and supplies when such equipment and supplies are self-care assistive devices or assist in the delivery of quality nursing care. Additional, the clinical nurse specialist who has fulfilled the state requirements for prescriptive authority is authorized to prescribe medications or pharmaceutical agents in collaboration with a licensed practitioner.
- (2) In the provision of indirect patient care services, the clinical nurse specialist:
 - A. Serves as a consultant to other nurses and healthcare professionals in managing highly complex patient care problems and in achieving quality, cost-effective outcomes for populations of patients across settings;
 - B. Provides leadership in conducting clinical inquiries and the appropriate use of research or evidence for practice innovations to improve patient care;
 - C. Develops, plans, directs and evaluates programs of care for individuals and populations of patients and provides direction to nursing personnel and others in these programs of care;
 - D. Advances nursing practice through the use of evidence-based interventions and best practice guidelines in modifying organizational policies and processes to improve patient outcomes;
 - E. Evaluates patient outcomes and cost-effectiveness of care to identify needs for practice improvements within the clinical specialty or program; and
 - F. Serves as a leader of multidisciplinary groups in designing and implementing alternative solutions to patient care issues across the continuum of care.
- (3) In all areas of clinical nurse specialist practice, the clinical nurse specialist shall do the following:
 - A. Recognize the limits of individual knowledge and experience, and consult with or refer clients to other health care providers as appropriate.
 - B. Retain professional accountability for any delegated intervention, and delegate interventions only as authorized by IC 25-23-1.
 - C. Maintain current knowledge and skills of clinical nurse specialist practice.

3. The Subcommittee also discussed a suggestion to streamline the rules by amending the 848 IAC 4-1-3 "Advanced practice nurse" definition. As part of this recommendation, the other rules defining advanced nurse practice specialties will be amended to remove repetitive language.

Sec. 3. (a) "Advanced practice nurse" means a registered nurse holding a current license in Indiana who:

- (1) has obtained additional knowledge and skill through a formal, organized program of study and clinical experience, or its equivalent, as determined by the board;
- (2) functions in an expanded role of nursing at a specialized level through the application of advanced knowledge and skills to provide healthcare to individuals, families, or groups in a variety of settings, including, but not limited to:
 - (A) homes;
 - (B) institutions;
 - (C) offices;
 - (D) industries;
 - (E) schools;

- (F) community agencies;
- (G) private practice;
- (H) hospital outpatient clinics; and
- (I) health maintenance organizations;
- (3) makes independent decisions about the nursing needs of clients; ; and
- (4) functions within the legal boundaries of their advanced practice area and shall have and utilize knowledge of the statutes and rules governing their advanced practice areas, including the following:**
 - (A) State and federal drug laws and regulations.**
 - (B) State and federal confidentiality laws and regulations.**
 - (C) State and federal medical records access laws.**

- (b) The three (3) categories of advanced practice nurses as defined in IC 25-23-1-1 are as follows:
 - (1) Nurse practitioner as defined in section 4 of this rule.
 - (2) Certified nurse-midwife as defined in 848 IAC 3-1.
 - (3) Clinical nurse specialist as defined in section 5 of this rule.

4. Educational requirements for Initial Prescriptive Authority Language Clarification – The Subcommittee discussed a potential rule amendment offered for consideration; the following is an attempt to clarify the pharmacology course requirements for initial prescriptive authority. The Subcommittee discussed the possibility of different requirements, but decided that the existing ones were appropriate and only needed to be better explained in the rules.

848 IAC 5-1-1 Initial authority to prescribe legend drugs

Authority: IC 25-23-1-7

Affected: IC 25-23-1

Sec. 1. (a) An advanced practice nurse may be authorized to prescribe legend drugs, including controlled substances, if the advanced practice nurse does the following:

- (1) Submits an application on a form prescribed by the board with the required fee, including, but not limited to, the following information:
 - (A) Complete name, residence and office addresses with zip codes, and residence and business telephone numbers with area codes.
 - (B) All names used by the applicant, explaining the reasons for any name change or use.
 - (C) Date and place of birth.
 - (D) Citizenship and visa status, if applicable.
 - (E) A complete statement of all nursing education received, providing the following:
 - (i) Names and locations of all colleges, schools, or universities attended.
 - (ii) Dates of attendance.
 - (iii) Degrees obtained or received.
 - (F) Whether the applicant has ever had any disciplinary action taken against the applicant's nursing license by the board or by the licensing agency of any other state or jurisdiction and the details and dates thereof.
 - (G) A complete list of all places of employment, including the following:
 - (i) The names and addresses of employers.
 - (ii) The dates of each employment.

- (iii) Employment responsibilities held or performed that the applicant had since graduation from nursing school.
 - (H) Whether the applicant is, or has been, addicted to any narcotic drug, alcohol, or other drugs and, if so, the details thereof.
 - (I) Whether the applicant has been convicted of any violation of law relating to drug abuse, controlled substances, narcotic drugs, or any other drugs.
 - (J) Whether the applicant has previously been licensed to practice nursing in any other state or jurisdiction and, if so, the following:
 - (i) The names of such states or jurisdictions that previously licensed the applicant.
 - (ii) The dates of such licensure.
 - (iii) The license number.
 - (iv) The current status of such licensure.
 - (K) Whether the applicant has been denied a license to practice nursing by any state or jurisdiction and, if so, the details thereof, including the following:
 - (i) The name and location of the state or jurisdiction denying licensure.
 - (ii) The date of denial of such licensure.
 - (iii) The reasons relating thereto.
 - (L) A certified statement that the applicant has not been convicted of a criminal offense (excluding minor traffic violations) or a certified statement listing all criminal offenses of which the applicant has been convicted. This listing must include the following:
 - (i) The offense of which the applicant was convicted.
 - (ii) The court in which the applicant was convicted.
 - (iii) The cause number in which the applicant was convicted.
 - (M) All information in the application shall be submitted under oath or affirmation, subject to the penalties for perjury.
- (2) Submits proof of holding an active, unrestricted:
- (A) Indiana registered nurse license; or
 - (B) registered nurse license in another ~~compact state and having filed a Multi-state Privilege Notification Form with the health professions bureau~~ Indiana Professional Licensing Agency **jurisdiction.**
- (3) Submits proof of having met the requirements of all applicable laws for practice as an advanced practice nurse in the state of Indiana.
- (4) Submits proof of a baccalaureate or higher degree in nursing.
- (5) If the applicant holds a baccalaureate degree only, submits proof of certification as a nurse practitioner or certified nurse-midwife by a national organization recognized by the board and which requires a national certifying examination.
- (6) Submits proof of having successfully completed a graduate level pharmacology course consisting of at least two (2) semester hours of academic credit from a college or university accredited by the Commission on Recognition of Postsecondary Accreditation:
- ~~(A) within five (5) years of the date of application; or.~~

~~(B)~~ **(7)** ~~if~~ **If** the **graduate level** pharmacology course was completed more than five (5) years immediately preceding the date of filing the application, the applicant must submit proof of the following:

~~(i)~~ **(A)** Completing at least thirty (30) actual contact hours of continuing education during the two (2) years immediately preceding the date of the application, including a minimum of at least eight (8) actual contact hours of pharmacology, all of which must be approved by a nationally approved sponsor of continuing education for nurses.

~~(ii)~~ **(B)** Prescriptive experience in another jurisdiction within the five (5) years immediately preceding the date of the application.

~~(7)~~ **(8)** Submits proof of collaboration with a licensed practitioner in the form of a written practice agreement that sets forth the manner in which the advanced practice nurse and licensed practitioner will cooperate, coordinate, and consult with each other in the provision of health care to patients. Practice agreements shall be in writing and shall also set forth provisions for the type of collaboration between the advanced practice nurse and the licensed practitioner and the reasonable and timely review by the licensed practitioner of the prescribing practices of the advanced practice nurse. Specifically, the written practice agreement shall contain at least the following information:

(A) Complete names, home and business addresses, zip codes, and telephone numbers of the licensed practitioner and the advanced practice nurse.

(B) A list of all other offices or locations besides those listed in clause (A) where the licensed practitioner authorized the advanced practice nurse to prescribe.

(C) All specialty or board certifications of the licensed practitioner and the advanced practice nurse.

(D) The specific manner of collaboration between the licensed practitioner and the advanced practice nurse, including how the licensed practitioner and the advanced practice nurse will:

(i) work together;

(ii) share practice trends and responsibilities;

(iii) maintain geographic proximity; and

(iv) provide coverage during absence, incapacity, infirmity, or emergency by the licensed practitioner.

(E) A description of what limitation, if any, the licensed practitioner has placed on the advanced practice nurse's prescriptive authority.

(F) A description of the time and manner of the licensed practitioner's review of the advanced practice nurse's prescribing practices. The description shall include provisions that the advanced practice nurse must submit documentation of the advanced practice nurse's prescribing practices to the licensed practitioner within seven (7) days. Documentation of prescribing practices shall include, but not be limited to, at least a five percent (5%) random sampling of the charts and medications prescribed for patients.

(G) A list of all other written practice agreements of the licensed practitioner and the advanced practice nurse.

(H) The duration of the written practice agreement between the licensed practitioner and the advanced practice nurse.

~~(8)~~ **(9)** Written practice agreements for advanced practice nurses applying for prescriptive authority shall not be valid until prescriptive authority is granted by the board.

(b) When the board determines that the applicant has met the requirements under subsection (a), the board shall send written notification of authority to prescribe to the advanced practice nurse, including the identification number and designated authorized initials to be used by the advanced practice nurse.

(c) Advanced practice nurses who have been granted prescriptive authority will immediately notify the board in writing of any changes in, or termination of, written practice agreements, including any changes in the prescriptive authority of the collaborating licensed practitioner. Written practice agreements shall terminate automatically if the advanced practice nurse or licensed practitioner no longer has an active, unrestricted license.

(d) Advanced practice nurses wishing to prescribe controlled substances must obtain an Indiana controlled substances registration and a federal Drug Enforcement Administration registration. (*Indiana State Board of Nursing; 848 IAC 5-1-1; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2876; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; filed Dec 24, 2003, 10:45 a.m.: 27 IR 1571*)

5. Certified Nurse Midwife / Limited Nurse Midwife Clarification Options: The Subcommittee recommends that additional outreach efforts be conducted to clear up confusion among those in the nurse midwife community about the types of licenses required to practice. The Subcommittee has also agreed to make the following recommendations for rule changes to Board:

ARTICLE 3. **CERTIFIED NURSE-MIDWIVES**

Rule 1. Definitions

848 IAC 3-1-0.5 Applicability

Authority: IC 25-23-1-7

Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 0.5. The definitions in this rule apply throughout this article.

(*Indiana State Board of Nursing; 848 IAC 3-1-0.5; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2871; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939*)

848 IAC 3-1-0.6 "Board" defined

Authority: IC 25-23-1-7

Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 0.6. "Board" means the Indiana state board of nursing. (*Indiana State Board of Nursing; 848 IAC 3-1-0.6; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2871; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939*)

848 IAC 3-1-1 "Certified nurse-midwife" defined; use of initials

Authority: IC 25-23-1-7

Affected: IC 25-23-1-1

Sec. 1. (a) **A "Certified nurse-midwife" is a registered nurse who has graduated from a nurse-midwifery program accredited by the American College of Nurse-Midwives (ACNM) Division of Accreditation (DOA) and has passed a national certification examination to receive the professional designation of certified nurse-midwife. The American Midwifery Certification Board (AMCB) administers the national certification examination.** ~~means a registered nurse who has graduated from a nationally accredited school of midwifery, has passed the National Certifying Examination given by the American College of Nurse-Midwives, and is licensed by the board to practice as a~~

~~nurse-midwife.~~ The board licenses the registered nurse to practice as a certified nurse-midwife upon proof of certification from the AMCB.

(b) "CNM" means certified nurse-midwife and are the designated authorized initials to be used by the certified nurse-midwife. (*Indiana State Board of Nursing; Nurse-Midwifery Rule 1, Art 1; filed Jun 15, 1979, 4:41 p.m.: 2 IR 1131; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2871; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939*) NOTE: Transferred from the Medical Licensing Board of Indiana (844 IAC 3-1-1) to the Indiana State Board of Nursing (848 IAC 3-1-1) by P.L.185-1993, SECTION 16, effective July 1, 1993.

848 IAC 3-1-2 "Practice of nurse-midwifery" defined

Authority: IC 25-23-1-7

Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 2. ~~"Practice of nurse-midwifery" means the practice of nursing and the extension of that practice, including well-woman gynecological healthcare, family planning, and care to the normal and expanding family throughout pregnancy, labor, delivery, and post-delivery.~~ **Nurse-midwifery practice as conducted by CNMs is the independent management of women's health care, focusing particularly on pregnancy, childbirth, the post partum period, care of the newborn, and the family planning and gynecologic needs of women. The CNM practices within a health care system that provides for consultation, collaborative management, referral, as indicated by the health status of the client. CNMs practice in accord with the Standards for the Practice of Midwifery, as defined by the American College of Nurse-Midwives (ACNM).** (*Indiana State Board of Nursing; Nurse-Midwifery Rule 1, Art 2; filed Jun 15, 1979, 4:41 p.m.: 2 IR 1131; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939*) NOTE: Transferred from the Medical Licensing Board of Indiana (844 IAC 3-1-2) to the Indiana State Board of Nursing (848 IAC 3-1-2) by P.L.185-1993, SECTION 16, effective July 1, 1993.

Rule 2. General Provisions

848 IAC 3-2-1 Application for limited license; qualifications

Authority: IC 25-23-1-7

Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 1. Every applicant for limited license shall file an application on a form supplied by the board. (*Indiana State Board of Nursing; 848 IAC 3-2-1; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939*)

Definition: Limited license is the practice as a certified nurse-midwife without prescriptive authority. The board licenses the registered nurse to practice as a certified nurse-midwife upon proof of certification from the AMCB.

848 IAC 3-2-2 Fees for limited license

Authority: IC 25-23-1-7

Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 2. (a) Each applicant for a limited license **as a certified** nurse-midwife shall pay a fee as provided in 848 IAC 1-1-14 in the form of a personal

check, certified check, cashier's check, or money order payable to the health professions bureau. This fee is not refundable, but may be used up to and including one (1) year from the original submission of the application.

(b) The fee for any reapplication shall be the same as determined by the board for the original application and is payable in the form of a personal check, certified check, cashier's check, or money order payable to the health professions bureau. (*Indiana State Board of Nursing; 848 IAC 3-2-2; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 21, 2001, 10:23 a.m.: 25 IR 1328*)

848 IAC 3-2-3 Photograph submitted with application

Authority: IC 25-23-1-7

Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 3. A recent passport type photograph of the applicant taken within six (6) weeks prior to filing shall be submitted with each application. The photograph shall be in color on **semi gloss** paper, not less than three (3) inches wide and four (4) inches high. (*Indiana State Board of Nursing; 848 IAC 3-2-3; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940*)

848 IAC 3-2-5 Biennial renewal of limited license

Authority: IC 25-23-1-7

Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 5. Every person with a limited license to practice **as a certified** nurse-midwife shall renew such limited license with the board on or before October 31 of odd-numbered years. (*Indiana State Board of Nursing; 848 IAC 3-2-5; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 21, 2001, 10:23 a.m.: 25 IR 1329*)

848 IAC 3-2-6 Notice of renewal

Authority: IC 25-23-1-7

Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 6. On or before August 31 of odd-numbered years, the **Indiana Professional Licensing Agency** ~~health professions bureau~~ shall notify each **certified** nurse-midwife that he or she is required to renew their limited license to practice nurse-midwifery. At the time of such notice, the **Indiana Professional Licensing Agency** ~~health professions bureau~~ shall mail a form to each nurse-midwife to the last known address of record. (*Indiana State Board of Nursing; 848 IAC 3-2-6; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940*)

848 IAC 3-2-7 Fee for renewal

Authority: IC 25-23-1-7

Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 7. At the time of submitting his or her limited license renewal form to the board, each **certified** nurse-midwife shall submit a fee as provided in 848 IAC 1-1-14 and proof of current licensure as a registered nurse. A personal check, certified check, cashier's check, or money order shall be submitted to the health professions bureau with the renewal form and

shall be made payable to the health professions bureau. (*Indiana State Board of Nursing; 848 IAC 3-2-7; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940*)

848 IAC 3-2-8 Delinquent fee

Authority: IC 25-23-1-7

Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 8. In the event any **certified** nurse-midwife fails to complete the renewal process on or before October 31 of odd-numbered years, he or she shall be required to pay a delinquent fee to be determined by the board in addition to the fees prescribed in section 7 of this rule for each year that the limited license is delinquent. (*Indiana State Board of Nursing; 848 IAC 3-2-8; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2873; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940*)

Rule 3. Competent Practice of Nurse-Midwifery

848 IAC 3-3-1 Competent practice of certified nurse-midwives

Authority: IC 25-23-1-7

Affected: IC 16-21; IC 25-23-1-1; IC 25-23-1-13.1

Sec. 1. A **certified** nurse-midwife shall perform as an independent and interdependent member of the health care team as defined in 848 IAC 2-1-3. The following are standards for each certified nurse-midwife:

- (1) Assess clients by using advanced knowledge and skills to:
 - (A) identify abnormal conditions;
 - (B) diagnose health problems;
 - (C) develop and implement ~~nursing~~ treatment plans; and
 - (D) evaluate patient outcomes.
- (2) Use advanced knowledge and skills in teaching and guiding clients and other health care team members.
- (3) Use appropriate critical thinking skills to make independent decisions, commensurate with the autonomy, authority, and responsibility of the practice of nurse-midwifery.
- (4) Function within the legal boundaries of the practice of nurse-midwifery and shall have and utilize knowledge of the statutes and rules governing the practice of nurse-midwifery, including the following:
 - (A) State and federal drug laws and regulations.
 - (B) State and federal confidentiality laws and regulations.
 - (C) State and federal medical records access laws.
- (5) Consult and collaborate with other members of the health care team as appropriate to provide reasonable client care
- (6) Recognize the limits of individual knowledge and experience, and consult with or refer clients to other health care providers as appropriate.
- (7) Retain professional accountability for any delegated intervention, and delegate interventions only as authorized by IC 25-23-1 and this title.
- (8) Maintain current knowledge and skills in the practice of nurse-midwifery.
- (9) Manage and provide health care services in the practice of nurse-midwifery.
- (10) Provide individual and group counseling and teaching throughout the life cycle.

- (11) Participate in periodic and joint evaluation of services rendered, including, but not limited to, the following:
 - (A) Chart reviews.
 - (B) Case reviews.
 - (C) Client evaluations.
 - (D) Outcome statistics.
- (12) Conduct and apply research findings appropriate to the _____ area of practice.
- (13) Participate, when appropriate, in the joint review and revision of written guidelines involving the plan of care.
(Indiana State Board of Nursing; 848 IAC 3-3-1; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2873; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940)
- (14) Certified Nurse-Midwives practice in accord with the Standards for the Practice of Midwifery, as defined by the American College of Nurse-Midwives (ACNM).

Rule 4. Limitations of Rules

848 IAC 3-4-1 Limitations of rules (*Repealed*)

Sec. 1. (*Repealed by Indiana State Board of Nursing; filed Nov 21, 2001, 10:23 a.m.: 25 IR 1329*)

Rule 5. Fees for Certified Nurse-Midwives

848 IAC 3-5-1 Fees for certified nurse-midwives

Authority: IC 25-23-1-7

Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 1. (a) The application fee for limited licensure as a **certified nurse-midwife** shall be fifty dollars (\$50).

(b) The fee for renewal of a **certified** nurse-midwife limited license shall be fifty dollars (\$50).

(c) The penalty fee for late renewals is as established by the health professions bureau.

(d) The fee for a duplicate **certified** nurse-midwife wall certificate shall be ten dollars (\$10).

(e) The fee for endorsement out of Indiana for a **certified** nurse-midwife shall be ten dollars (\$10). (*Indiana State Board of Nursing; 848 IAC 3-5-1; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2873; filed Dec 19, 1996, 10:00 a.m.: 20 IR 1123; readopted filed Jul 30, 2001, 2:07 p.m.: 24 IR 4237*)

4. New Business – Members of the Subcommittee expressed interest in continuing to meet following the presentation of it's recommendations to the Board at the October 16, 2008 Board meeting.

For further information, please contact:

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